01/30/01

DATE DUE

1 / TOTAL CLAIMS

BATCH NO.

B30

019

FART 6-ISSUE FEE TRANSMITTAL

Complete and mail this form, together with applicable fees, to:

BOX ISSUE FEE Assistant Commissioner for Fatents Washington, D.C. 20231

WAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be maked to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance les notifications.

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other eccompanying papers. Each additional paper, such as an assignment or termal enawing, must have as own certificate of malling. Certificate of Malling

I hereby centify that this issue Fee Transmittal is being deposited with

the United States Fostal Service with sufficient postage for first class malt in an envelope appressed to the Box Issue Fee address above on

the date indicated below.

SMALL ENTITY

\$1.240.00 04/30/2001

\$3.00 04/30/2001

NO

2. For printing on the patent front page, ist

WONG, A 2635

CURRENT CORRESPONDENCE ADDRESS (Note: Lagibly man-up with any corrections of use Block 1)

BIRCH, STEWART, KOLASCH & BIRCH, LLP P.O. BOX 747

FILING DATE

FALLS CHURCH, VA 22040-0747

(Depositor's name) EXAMINER AND GROUP ART UNIT DATE MAILED

FEE DUE

\$1240.00 04/30/01

07/10/98 09/113503

APPLICATION NO.

ATTY'S DOCKET NO.

(Authorized Signature)

Trademark Office.

or agent; or the assignee or other p

Patents, Washington D.C. 20231

NOTE; The Issue Fee will not be at 05/01/2001

of information unless it displays a valid OMB control number.

05/01/2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will very depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection

2925-0119P

First Named FADAVI-AREDKANI

Applicant TILE OF NVENTION

LOW-VOLTAGE JOYSTICK PORT INTERFACE CLASS-SUBCLASS

341-020.000

1. Change of correspondence sources of recommended, but not required. Change of correspondence sources (or Change of Correspondence Adoress form PTO/SB1/2) studend.	For pointing on the patient iron (page, \$st) I) the names of up to a hightened potential (in the name of up the term (here) (in the name of up the term (here) (in the name of up the term (here) (in the name of up to 8 might not not not not not not not not not no
9. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or PLASE NOTE: Unkess an assignee is iterritied below, no assignee is to write appear on inclusion of assignee data is only appropriate when an assignment has been previously as the PTO or it being suchmitted under securate cover: Companyment — NOTE as a Wing an assignment — LUCENT TECHNOLOGIES	abmined to
(A) NAME OF ASSIGNEE NC. (B) RESIDENCE (CITY & STATE OR COUNTRY) MÜRRÄY HILL NEW JERSEY 07974-0636 Please chick the appropriate assignee calegory indicated below (will not be private on the paietri)	4b. The following fees or deficiency in these fees should be charged to: DEPOST ACCOUNT NUMBER ENCLOSE AN EXTRA COPY OF THIS FORM) Issue Fee Issue Fee
☐ individual	ee to the application identified above.

(Date)

00000074

00000075

APPLN. TYPE

UTILITY

TRANSMIT THIS FORM WITH FEE

142

561

DA 122325

DA 122325